MHS Administrative Support

Resource Support Within the Medical Operational Continuum

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PD (Health Budgets and Financial Policy)

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HMISS - 11 April 2000

Agenda

- Introduction
- Purpose
- Outline of RPO IT Solution Sets
- “Manage the Business” Initiatives
- Questions

Purpose

- Describe the evolutionary programs that have been developed and deployed to support military forces in peacetime and wartime
- Present the development of integrated, seamless health care resources management IT solutions
- Describe our Operational Continuum

Resources Program Office

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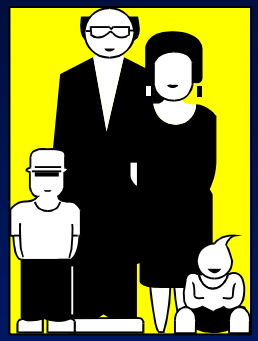
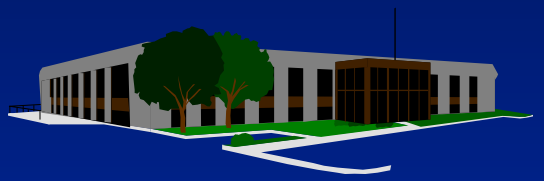
What Do We Manage?

Over 130 thousand military and civilian medical personnel



8.2 million Beneficiaries

88 Hospitals and Medical Centers



489 Medical Clinics

Why Do We Need To Change?

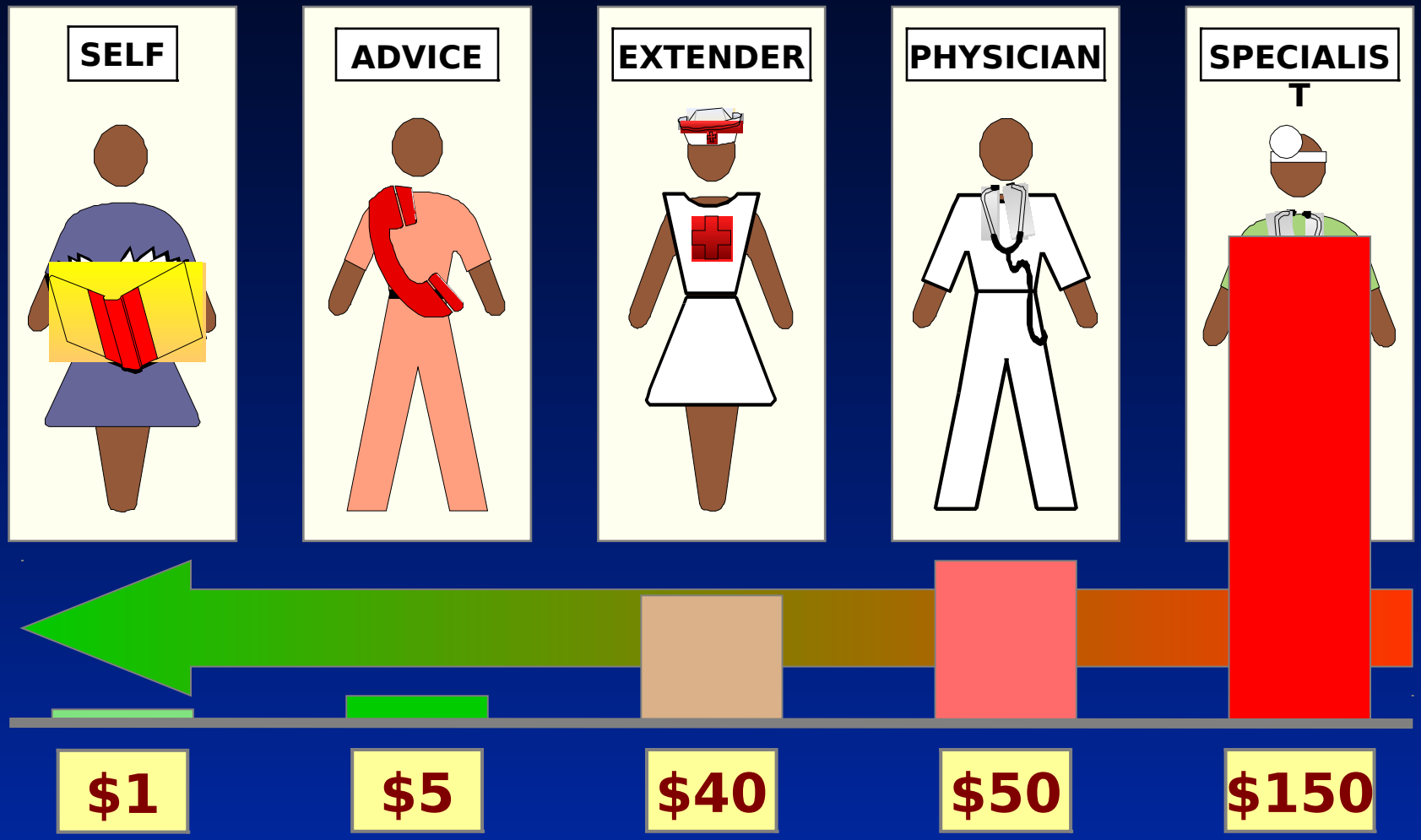
- Services perform same Policy-driven function using different approaches
- Manual and time-consuming processes
- Multiple entry of the same data
- Redundant processes
- Non-comparable data
- Non-integrated processes

Why Do We Need To Change?

- To support our evolving business processes and support accountability of our performance and decision-making
- To provide a stable business environment
- To meet our customers expectations (all of them)
- To support our operational continuum-- from Congress to the provider in the field
  - "--Tri-Service strategy needed to justify medical resources for Readiness and Peacetime Care" GAO/Nov99

Personnel Salaries drive Costs

Cost Comparisons for Increasing Services



RPO Systems

Deployed: EAS III, TPOCS, CCQAS

In Deployment: EAS IV

In Development / Beta: DMHRS

Defense Medical Human Resources System (DMHRS)

- **System Description:** DMHRS supports MHS time-sensitive decisions regarding medical personnel readiness, training, workload and labor cost reporting, and other timely human resource requirements for efficient resource and contingency planning. DMHRS is comprised of six viewpoints: Readiness, Education and Training, Personnel, Manpower, Labor Cost Assignment, and Patient Acuity Workload Management.
- **Phase:** Development
- **Current Activities:**
  - *Completing Project Management Transition Plan*
  - *Performing exit interview with Development contractor and Government Project Staff*
  - *Developing a Interim Support Plan for the Beta facilities*
  - *Preparing RFP for future development*

Expense Assignment System (EAS)

- **System Description:** EAS IV is a client/server based-management support tool that provides standardized reporting of expense, manpower, and workload data for DoD MTFs/DTFs. EAS IV provides MTF Commanders with cost detail to evaluate managed care alternatives and enhance third party reimbursements.
- **Phase:** Deployment
- **Current Activities:**
  - Beta testing at Wright Patterson (Air Force), FT Hood (Army), NMC San Diego (Navy). Awaiting UAT sign-off
  - EAS IV Central Repository development/implementation
  - Initiating deployment to all Services

Centralized Credentials Quality Assurance System (CCQAS)

- **System Description:** Worldwide Tri-Service credentialing information system designed to assist MTFs in the collection, tracking, and reporting of required provider data for Credentialing.
- **Phase:** Development
- **Current Activities:**
  - *CCQAS conversion to web-based architecture began 5 Jul 99.*
  - *Coordinating MOU with Armed Forces Institute of Pathology for support of Provider repository.*
  - *Completing C2 certification*
  - *Planning phased deployment*
    - *Phase I: Credentialing/Risk Management (web-based) - Feb 2000*
    - *Phase II: Privileging - Pending Funding*

Third Party Outpatient Collections-Next Generation (TPOCS-NG)

System Description: DoD standard system designed to assist Military Treatment Facilities (MTFs) in the collection, tracking, and reporting of data required in the Third Party Collection Program (TPCP) outpatient billing process

- 10 U.S.C. 1095 (g)(1)) allows the military to be reimbursed by insurance carriers for medical expenses
- TPOCS-NG is deployed worldwide at approximately 119 Army, Navy, and Air Force MTFs
- **Phase:**
- TPOCS-NG 1.5.1 Deployment/Maintenance
- TPOCS-NG II (UBO/MBCS) Concept Exploration

Current Activities:

- Completed functional requirements for UBO/MBCS (Inpatient Third Party Collection, IP/OP Medical Affirmative Claims, IP/OP MSA, and Multi-Site Billing)

The RPO and the MHS Optimization Plan

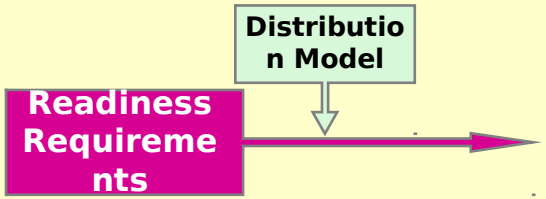
OBJECTIVE: Provide a common Tri-Service environment for Human and Financial Resources Management

Resource systems support the MHS through collection of financial data (e.g.,billing, salaries, expenses), manpower requirements and personnel accountability, visibility and tracking.

MHS System / Facility Optimization Plan

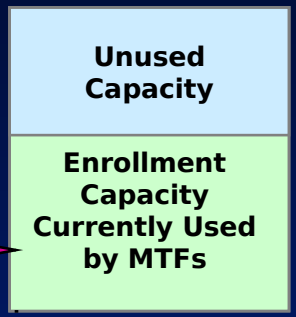
Critical MHS Reengineering Components

TRISERVICE READINESS MODEL
Determine ideal standardized model for personnel readiness requirements and how to distribute them in peacetime.



MTF Staffing

TRISERVICE ENROLLMENT MODEL
Use civilian 'best practice' enrollment models to determine the reasonable potential system capacity based on readiness driven staffing.



READINESS COSTING MODEL
Determine the "cost of readiness" so these costs can be subtracted from total DHP costs, yielding true costs for non-readiness service delivery portion of our mission.

POPULATION HEALTH IMPROVEMENT
Use "best clinical practices" and other initiatives to maximize productivity, quality, and consistency of MHS health service delivery. (MHS Initiative #4)

TRISERVICE WORKLOAD MODEL
Determine a uniform system which will allow all Services to accurately report and compare workload delivered in our MTFs and through the Managed Care Support Contracts.

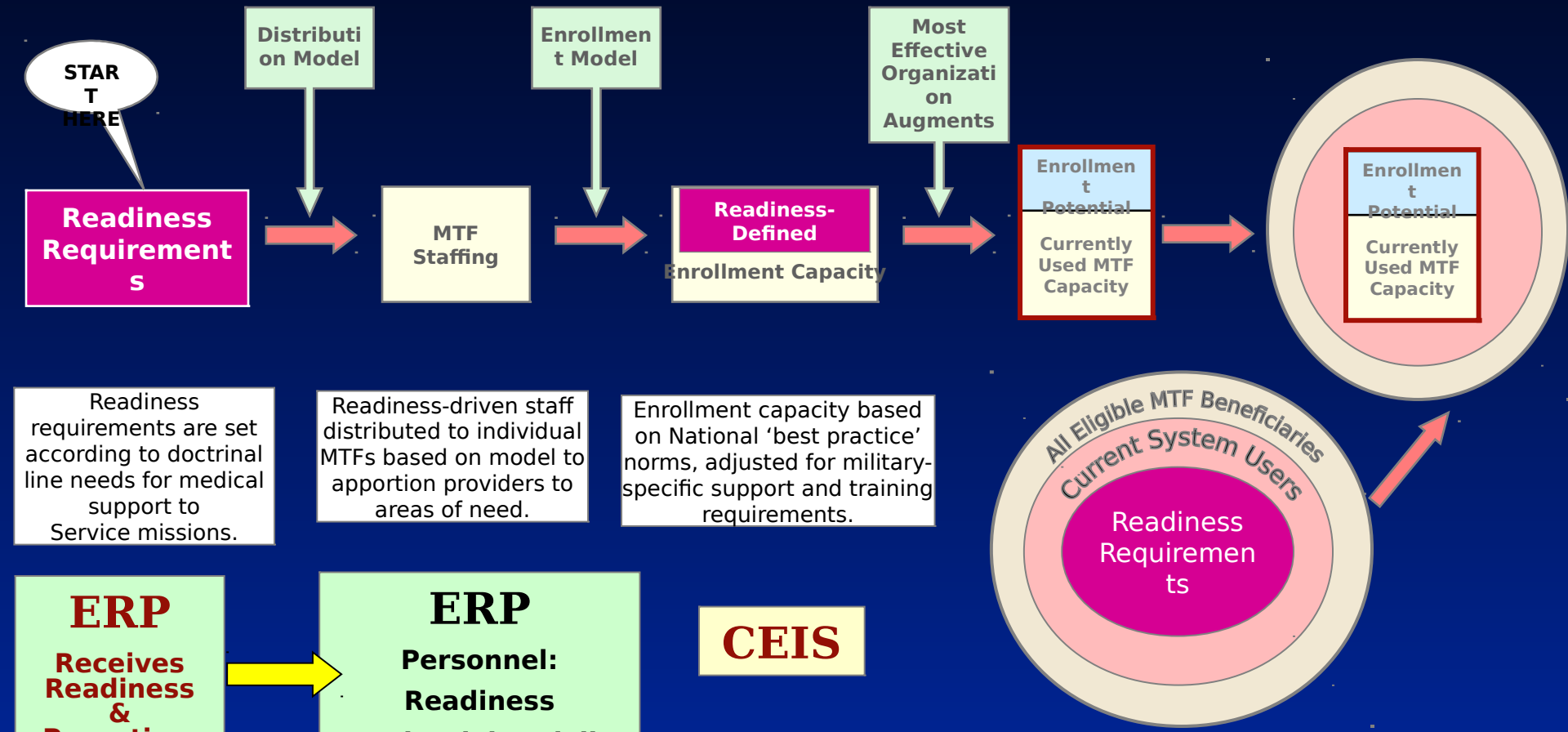
TRISERVICE RESOURCING MODEL
Determine an allocation system which will allow all Services to apportion resources based on comparable processes and equivalent reporting methods.

TRISERVICE METRICS
Determine the specific comparable metrics which will allow all Services to report progress toward MHS goals.

"MOST EFFECTIVE ORGANIZATION"
Determine the requirements of a "most effective" health services delivery system using best business practices and analyze how to best fill the gap to maximize resource efficiency.

ERP and the Readiness-Based Resource Improvement Model

Translating Readiness Requirements into Enrollment Capacity


START HERE
Readiness Requirements
Distribution Model
MTF Staffing
Enrollment Model
Readiness-Defined Enrollment Capacity
Most Effective Organization Augments
Enrollment Potential
Currently Used MTF Capacity
Enrollment Potential
Currently Used MTF Capacity
Readiness requirements are set according to doctrinal line needs for medical support to Service missions.
Readiness-driven staff distributed to individual MTFs based on model to apportion providers to areas of need.
Enrollment capacity based on National 'best practice' norms, adjusted for military-specific support and training requirements.
All Eligible MTF Beneficiaries
Current System Users
Readiness Requirements

ERP

Receives Readiness & Peacetime Manpower Requirements

ERP

Personnel:

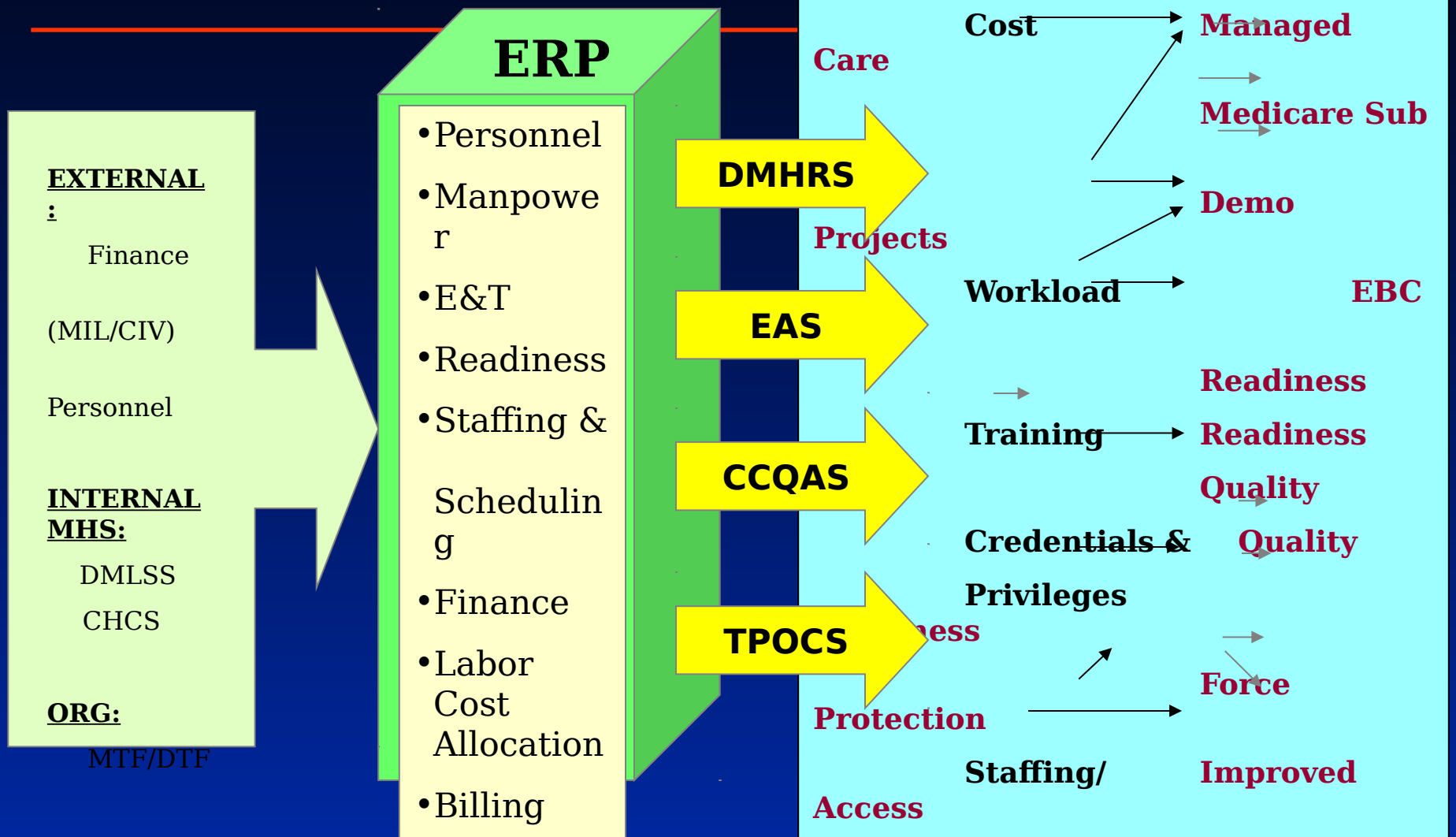
Readiness

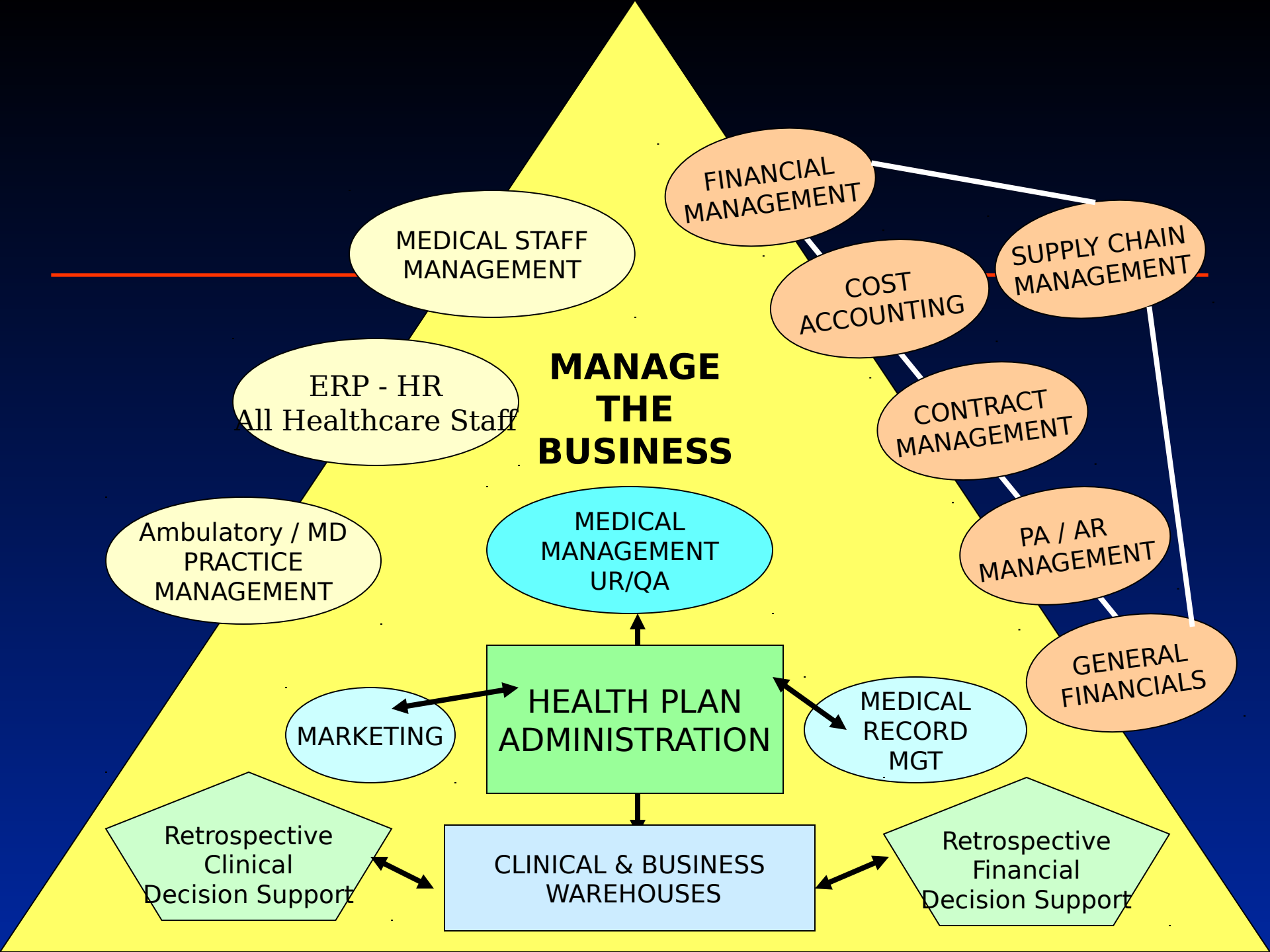
Credentials/Privileges

E&T

CEIS

RPO Systems: Contribution to MHS Initiatives




FINANCIAL MANAGEMENT
MEDICAL STAFF MANAGEMENT
SUPPLY CHAIN MANAGEMENT
COST ACCOUNTING
ERP - HR
All Healthcare Staff
MANAGE THE BUSINESS
CONTRACT MANAGEMENT
Ambulatory / MD PRACTICE MANAGEMENT
MEDICAL MANAGEMENT UR/QA
PA / AR MANAGEMENT
GENERAL FINANCIALS
MARKETING
HEALTH PLAN ADMINISTRATION
MEDICAL RECORD MGT
Retrospective Clinical Decision Support
CLINICAL & BUSINESS WAREHOUSES
Retrospective Financial Decision Support

RPO & Readiness

Right time, right place, right position, and right credentials

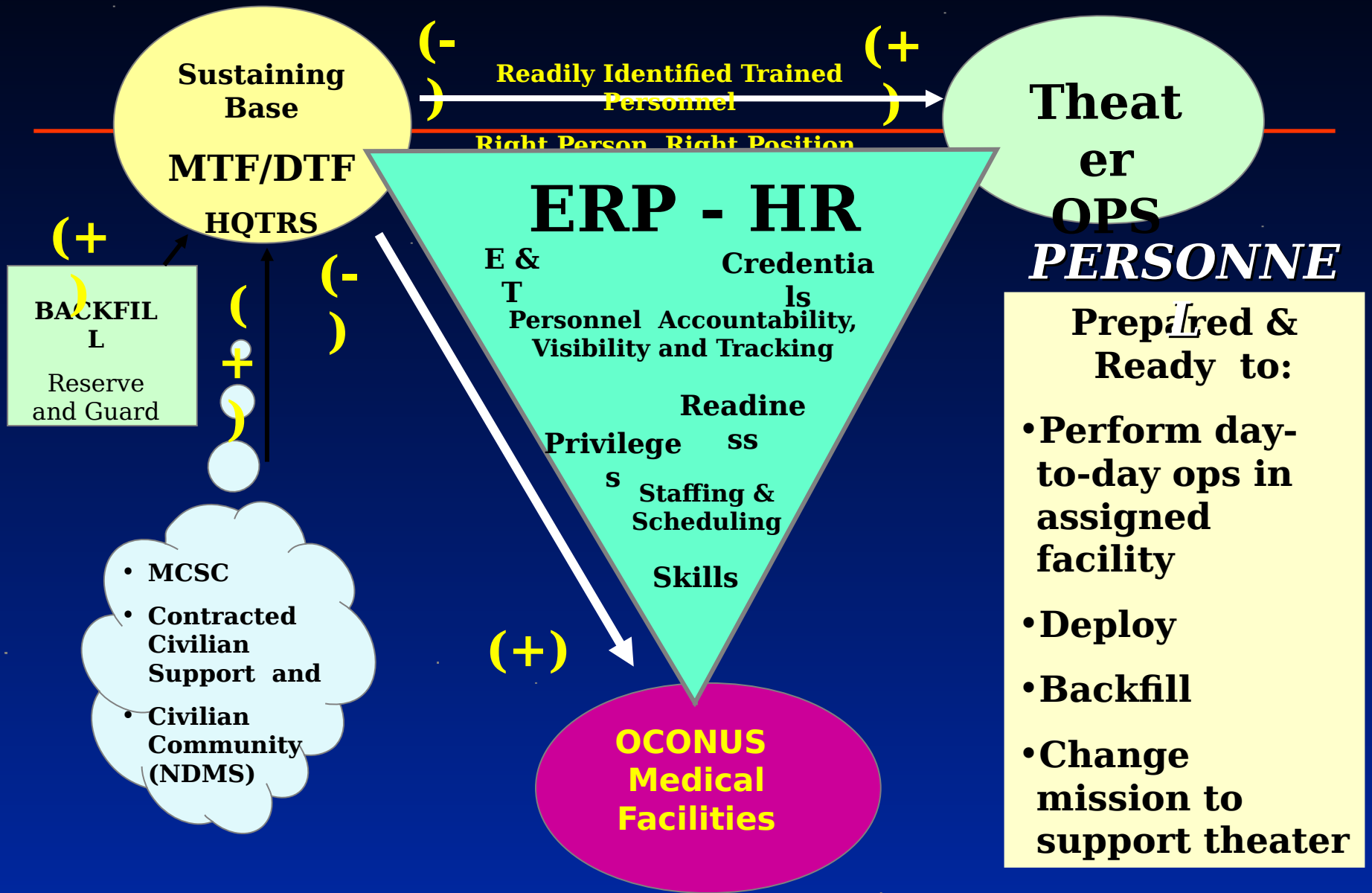
- **Readiness is much more than deployment**

It is performance by personnel prepared and ready to:

- **Perform their day-to-day MHS duties wherever assigned**
- **Deploy to OCONUS or Theater OPS (A/C and R/C)**
- **Backfill the MHS mission wherever needed (R/C and MCSC)**

- Commanders must have the flexibility t address changing requirements of the mission to meet the needs of the The S

Readiness = Preparedness to Perform

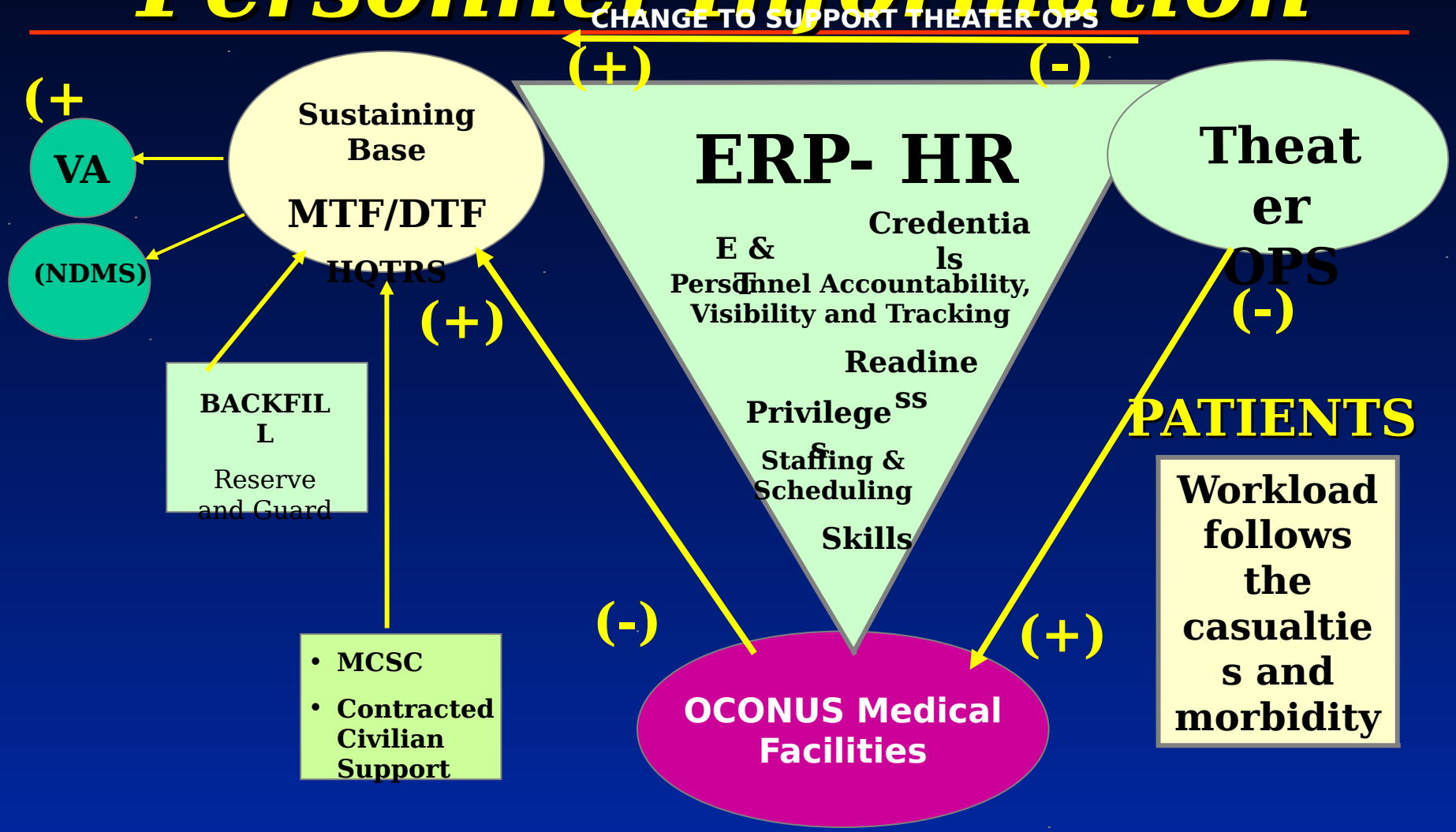


Support of DEPLOYED OPERATIONS

DMHRS will permit commanders in the field to review credentials, privileges, certifications and skills of all personnel within their command

- **Identify available personnel for assignment with specific skills**
- **Identify backfill personnel requirements**
- **Provide real time view of assigned staff**
- **Identify predeployment training requirements**

Seamless Access to Medical Department Personnel Information



ERP Contribution to the MHS Personnel Continuum

- ERP enhances readiness by providing:
  - Seamless deployment of personnel (A/C and R/C) to Theater OPS
  - Seamless integration of backfill personnel to the remaining mission stateside (R/C and MCSC)
  - Support Quality initiatives by providing information to assure that the right person is in the right place with the right credentials and training at the right time
  - Support Quality patient care with high quality patient outcomes through effective and efficient staffing and scheduling of medical department resources

CHALLENGES

Increasing Medical Costs

- Redefining National Military Commitments
- Public's Demand for Defense Dollars
- Cost of Drugs and Technology
- MHS Organization and Structure
- Congressional Direction
- Capitation and Data Quality
- Force Health Protection
- TRICARE & MCS Contracts
- Aging Population

Decreasing Defense Resources

Increasing Demand

Decreasing Force Structure

Wrap -up